



Complete Summary

TITLE

Hepatitis C: percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed within 6 months prior to initiation of antiviral treatment.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed within 6 months prior to initiation of antiviral treatment.

This measure is paired with [Hepatitis C: percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment](#). Implementers of this measure should not use this measure without the HCV genotype testing prior to treatment measure.

RATIONALE

Establish baseline level against which to monitor virologic response and indicate likelihood of response. The clinical utility of serial hepatitis C virus (HCV) viral levels in a patient is predicated on continued use of the same specific quantitative assay that was used in the initial determination of the viral level. While there is little correlation between disease severity or disease progression with the absolute level of hepatitis C virus (HCV) ribonucleic acid (RNA), quantitative determination of the HCV level provides important information on the likelihood of response to treatment in patients undergoing antiviral therapy.* (National Institutes of Health [NIH])

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

HCV RNA testing should be performed in patients with a positive anti-HCV test, patients for whom antiviral treatment is being considered, using a quantitative assay, patients with unexplained liver disease whose anti-HCV test is negative and patients who are immunocompromised or suspected of having acute HCV infection. (American Association for the Study of Liver Diseases [AASLD])

All candidates for antiviral therapy should be tested for HCV RNA with a quantitative amplification assay, which provides both a baseline level against which to monitor virologic response and a prognostic indicator of the likelihood of response. (American Gastroenterological Association [AGA])

The diagnosis of chronic hepatitis C infection is often suggested by abnormalities in Alanine transaminase (ALT) levels and is established by enzyme immunoassay (EIA) followed by confirmatory determination of HCV RNA. (NIH)

PRIMARY CLINICAL COMPONENT

Chronic hepatitis C virus (HCV); quantitative HCV; ribonucleic acid (RNA) testing

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed within 6 months prior to initiation of antiviral treatment

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis, management, and treatment of hepatitis C.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment

Exclusions

Documentation of medical reason(s) for not performing hepatitis C virus (HCV) ribonucleic acid (RNA) within 6 months prior to initiation of antiviral treatment

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

Patients for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed within 6 months prior to initiation of antiviral treatment

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Measure #2: hepatitis C ribonucleic acid (RNA) testing before initiating treatment.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Hepatitis C Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Gastroenterological Association Institute and Physician Consortium for Performance Improvement®

DEVELOPER

American Gastroenterological Association Institute
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Emmet B. Keeffe, MD, MACP, AGAF (*Co-Chair*); Josie Williams, MD, MMM (*Co-Chair*); Oluwatoyin Adeyemi, MD; Joel V. Brill, MD; Betty Jo Edwards, MD; Deb Esser, MD; Gregory Everson, MD; Troy Fiesinger, MD; Michael W. Fried, MD; Stephen Harrison, MD; Ira Jacobson, MD; Paola Ricci, MD; Sam JW Romeo, MD, MBA; John F. Schneider, MD, PhD; Leonard B. Seeff, MD; Kenneth E. Sherman, MD, PhD; Alan D. Tice, MD, FACP; Monte Troutman, DO, FACOI; John Ward, MD; John B. Wong, MD

American Gastroenterological Association Institute: Deborah Robin, MSN, RN, CHCQM

American Liver Foundation: Maureen L. Borkowski, RN, BSN; Lynn McElroy

American Medical Association: Erin O. Kaleba, MPH; Karen Kmetik, PhD

Health Plan Representative (Wellpoint, Inc): Catherine MacLean, MD, PhD

Consortium Consultant: Rebecca Kresowik; Timothy Kresowik, MD

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Dec

REVISION DATE

2008 Jun

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®. Hepatitis C physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Jun. 42 p. [4 references]

MEASURE AVAILABILITY

The individual measure, "Measure #2: Hepatitis C Ribonucleic Acid (RNA) Testing Before Initiating Treatment," is published in "Hepatitis C Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 27, 2009. The information was verified by the measure developer on May 21, 2009.

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